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05/11/2004

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.  
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CONCORD, MA 01742-9133

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Pamela Sarno

(Depositor's name)

Pamela Sarno

(Signature)

7-28-04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/008,871

11/16/2001

David L. Brock

8491.7019  
3300.1014-007

5037

TITLE OF INVENTION: SURGICAL INSTRUMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHILOGENE, PEDRO	3732	606-130000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hamilton, Brook, Smith  
& Reynolds, P.C.

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

endoVia Medical, Inc.

Norwood, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 15

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Lash M. Flynn

7/28/04

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